EXECUTIVE LOBBYING EXPI FORM 507	ENDITURE REPO	RT F	
COVERING JANUARY 1 - JUNE 30,	DUR AUGUST 15		
COVERING JANUARY 1 - DECEMBER 31.	2005 - DUE FERRUARY	15	FOR OFFICE USE ONLY Postmark Date: 1 22 04
<u>Mail to:</u> the Board of Ethics, 2415 Quail Dt., 3rd Flo OR <u>Fax to:</u> (225)763-8787 or (225)763-8780	oor, Baron Rouge, LA 70806		ERA(OSIDE)
Fax to: (225)763-8787 or (225)763-8780	_	Missing numbere	d pages were
		blank and had no on them.	itiiotination
1. Name <u>Cânuteson</u> <u>E</u>	<u></u>	<u> </u>	
2. Business Address: 10450 Sprint Posters and No.	arknowy KSOPH	MO212-2A450	30502115
Mading Address Over land Pa	ark, KS lot	<u> 251</u>	
3. Business Phone 913-315-92	_ <u></u>		
Area Code and Telep			
 Total of all executive lobbying expenditures ma (Include expenditures from Schedules A and B) 	ide January 1 through June 3	0: \$	
Total of all executive lobbying expenditures ma (When Applicable) (Include expenditures from S	ide July 1 through December ichedules A and B)	· 31: \$	·
 Total of all executive lobbying expenditures ma (Line 4 added to Line 5 should equal Line 6) 		\$ <u> </u>	
7. Dld you make an expenditure exceeding \$50 on	one occasion for an executiv	e branch official:	23 A
From January 1 through June 30?	Yes 🔲 N	。 / 25	™ #E.
From July 1 through December 31?	Yes 🗌 N	∘ 🔯 NA 🗖	
If the answer to either question in Number 7 ab	xove is YES, complete Schech	ile A and attach,	99
8. Did you make expenditures exceeding the sum of	of \$250 for an executive bran	ch official;	
From January 1 through June 307 From July 1 through December 31?		io⊠ Io⊠_NA.□	
If the answer to either question in Number 8 abo	ove is YES, complete Schedul		
 Did you expend funds for any reception, social go officials were invited during this reporting perior 	athering, or other function to	n which more than twenty-	Two executive branch
Yes 🗵	No 🔲		
If the answer to Number 9 above is YES, complet	ie Schedule B and atmeh.		
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2)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	\$
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s,
	d. Total of all expenditures made during the calendar year:	\$
3)	a. Name of Department and Individual Agency:	
	b. Total of all expensions made January 1 through June 30:	\$
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s
	d. Total of all expenditures made during the calendar year:	s

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Eleabeth a. Canuteson